

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PHUS020556
First Named Inventor	SALEH OSMAN
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PRESERVING LINEARITY OF AN ISOLATOR-FREE POWER AMPLIFIER BY  
DYNAMICALLY ADJUSTING BIAS AND SUPPLY OF ACTIVE DEVICES**

the specification of which *(Title of the Invention)*

Is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24737*	OR	<input checked="" type="checkbox"/> Correspondence address below
Phillips Electronics North America Corporation					
Name					
P.O. BOX 3001					
Address					
BRIARCLIFF MANOR	NY			10510	
City	State			ZIP	
U.S.A.	(914) 945-6000			(914) 332-0615	
Country	Telephone			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		SALEH		Family Name OSMAN or Surname	
Inventor's Signature				Date	
NORWOOD	MA	USA		GREAT BRITAIN	
Residence: City	State	Country		Citizenship	
2906 VILLAGE ROAD WEST					
Mailing Address					
NORWOOD	MA	02062		USA	
City	State	Zip		Country	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		RICHARD F.		Family Name KEENAN or Surname	
Inventor's Signature <i>R. Richard F. Keenan</i>				Date 13/5/04	
MEDWAY	MA	USA		USA	
Residence: City	State	Country		Citizenship	
280 VILLAGE STREET UNIT G1					
Mailing Address 103 Carole Ln. R.I.C.					
MEDWAY	MA	02053		USA	
City WHITINSVILLE	State R.I.C.	Zip 01588		Country	
<input type="checkbox"/> Additional inventors are being named on the 1 <sup>ST</sup> PAGE supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box → **+**

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1**

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
JAROSLAW	LUCEK		
Inventor's Signature	Date		
Residence: City	CUMBERLAND	State	RI
Country	USA	Citizenship	USA
Mailing Address	40 GREEN MEADOW LANE		
Mailing Address			
City		State	RI
CUMBERLAND		ZIP	02864
Country	USA	Citizenship	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	
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Direct all correspondence to:  Customer Number \*24737\* OR  Correspondence address below

Philips Electronics North America Corporation

**Name**

P.O. BOX 3001

**Address**

BRIARCLIFF MANOR

NY

10510

**City**

State

ZIP

U.S.A.

(914) 945-6000

(914) 332-0615

**Country**

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

SALEH

Family Name  
or Surname

OSMAN

**Inventor's  
Signature****Date**

NORWOOD

MA

USA

GREAT BRITAIN

**Residence: City**

State

Country

Citizenship

2906 VILLAGE ROAD WEST

**Mailing Address**

NORWOOD

MA

02062

USA

**City**

State

Zip

Country

**NAME OF SECOND INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])

RICHARD F.

Family Name  
or Surname

KEENAN

**Inventor's  
Signature****Date**

MEDWAY

MA

USA

USA

**Residence: City**

State

Country

Citizenship

280 VILLAGE STREET UNIT G1

**Mailing Address**

MEDWAY

MA

02053

USA

**City**

State

Zip

Country

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Please type a plus sign (+) inside this box → **[+]**

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Page 1 of 1**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) <u>JAROSLAW</u>		Family Name or Surname <u>LUCEK</u>		
Inventor's Signature <i>Jaroslaw Lucek</i>				Date <i>12-04-03</i>
Residence: City <u>CUMBERLAND GREENSBORO</u>	State <u>NC</u>	Country USA	Citizenship USA	<i>NC</i>
Mailing Address 40 GREEN MEADOW LANE	307 TOWER LN			
Mailing Address				
City <u>CUMBERLAND</u>	State <u>GREENSBORO</u>	ZIP <u>27410</u>	Country USA	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Inventor's Signature				
				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
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